

01/27/98
JC494 U.S. PTO

EM156305213

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	LI30-001	Total Pages	125
<i>First Named Inventor or Application Identifier</i>			
Fred A. Brown			
Express Mail Label No.	EM156305213US		

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. Specification [Total Pages 25]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 USC 113) [Total Sheets 7]
4. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

NAME	DEEPAK MALHOTRA Wells, St. John, Roberts, Gregory & Matkin P.S.		
ADDRESS	601 West First, Suite 1300		
CITY	Spokane	STATE	WA
COUNTRY	U.S.A.	TELEPHONE	(509) 624-4276

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (12-97)

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FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 435.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Fred A. Brown
Group Art Unit	
Examiner Name	
Attorney Docket Number	LI30-001

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
 Deposit Account
 Number
 Deposit Account Name
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	790	201	395	Utility filing fee	395
106	330	206	185	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)		(\$)			395

2. CLAIMS

	Extra	Fee from below	Fee Paid
Total Claims	20	-20 =	X = 0
Independent Claims	3	- 3 =	X = 0
Multiple Dependent Claims			X =

Large Entity Small Entity

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103	22	203	11	Claims in excess of 20	
102	82	202	41	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
109	82	209	41	Reissue independent claims over original patent	
110	22	210	11	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			0

3. ADDITIONAL FEES

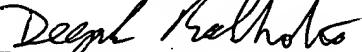
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	950	217	475
118	1,510	218	755
128	2,060	228	1,030
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,320	241	660
142	1,320	242	660
143	450	243	225
144	670	244	335
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	790	248	395
149	790	249	395
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

40

SUBMITTED BY

Typed or Printed Name	Deepak Malhotra	Complete if applicable
Signature		Reg. Number 33,560

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